

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DC
09/328,299	06/08/99	379	2743	8740-037

APPLICANT DAVID A. GLOWNY, MILFORD, CT; PHIL MIN NI, DANBURY, CT; JOHN E. RICHTER, TRUMBULL, CT.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

NO

\*\*371 (NAT'L/STAGE) DATA\*\*\*\*\*  
VERIFIED

NO

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

NO

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/29/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	Examiner's Initials <u>SN</u>	Initials _____	CT	29	34	2

SEE CUSTOMER NUMBER: 020583

ADDRESS

SYSTEM AND METHOD FOR RECORDING AND STORING TELEPHONE CALL INFORMATION

TITLE

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
\$1,012		



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6572

<b>SERIAL NUMBER</b> 09/328,299	<b>FILING OR 371(c) DATE</b> 06/08/1999 <b>RULE</b>	<b>CLASS</b> 379	<b>GROUP ART UNIT</b> 2645	<b>ATTORNEY DOCKET NO.</b> 3770-75
------------------------------------	---	---------------------	-------------------------------	---

## APPLICANTS

DAVID A. GLOWNY, MILFORD, CT;  
 PHIL MIN NI, DANBURY, CT;  
 JOHN E. RICHTER, TRUMBULL, CT;

FILE COPY

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/29/1999

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 29	<b>TOTAL CLAIMS</b> 34	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

29858

## TITLE

## SYSTEM AND METHOD FOR RECORDING AND STORING TELEPHONE CALL INFORMATION

<b>FILING FEE RECEIVED</b> 1252	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit